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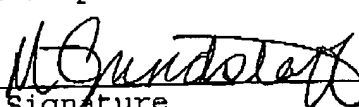
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FACSIMILE TRANSMITTAL COVER SHEET

DATE: 5/16/05 ATTORNEY DOCKET NUMBER: MLP 7163
PTO FACSIMILE NUMBER: (703) 872-9306PLEASE DELIVER THIS FACSIMILE TO: Examiner Robert C. Watson
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NUMBER OF PAGES: 15 INCLUDING COVER SHEETTIME SENT: 4:25 pm OPERATOR'S NAME Michelle Grindstaff

CERTIFICATION OF FACSIMILE TRANSMISSION

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Type of paper transmitted: Amendment B After FinalApplicant's Name: Sueme et al.Serial No. (Control No.): 10/008,514 Examiner: Robert WatsonFiling Date: 11/8/2001 Art Unit: 3723 Confirmation No.: 5416Application Title: RECEIVING STAND FOR FRAME STACKING SYSTEMIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.

MLP 7163
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Sueme, et al.

Art Unit 3723

Serial No. 10/008,514

Filed November 8, 2001

Confirmation No. 5416

For RECEIVING STAND FOR FRAME STACKING SYSTEM

Examiner Robert C. Watson

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Amendment B After Final

TO THE COMMISSIONER FOR PATENTS,

SIR:

In response to the final Office action dated March 17,
2005 please amend the application as follows:

Amendments to the claims are reflected in the claim
listing beginning on page 2.

Remarks begin on page 12.

05/17/2005 HDENESS1 00000042 191345 10008514

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FEE TRANSMITTAL

Application Number 10/008,514
Filing Date November 8, 2001
Inventor(s) Sueme et al.
Examiner Name Robert C. Watson
Attorney Docket Number MLP 7163

Art Unit 3723
Confirmation No. 5416

[] Applicant claims small entity status.

METHOD OF PAYMENT

[X] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

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FEE CALCULATION

1. [] BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. [X] EXCESS CLAIM FEES

Total Claims 30 - 20 (HP) = 10 x Fee 50 = \$500.00
Indep Claims - (HP) = x Fee = \$
Multiple Dependent Claims Fee \$
(HP = highest number of claims paid for) Subtotal (2) \$500.00

3. [] APPLICATION SIZE FEE

Total Pages - 100 = ÷ 50 = x \$250 = \$
(Application + Drawings) (round up to whole #)

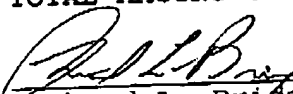
Subtotal (3) \$ _____

4. [] OTHER FEE(S)

[] _____ month extension of time
[] Information disclosure statement
[] 37 CFR 1.17(q) processing fee
[] Non-English specification
[] Notice of Appeal
[] Filing a brief in support of appeal
[] Request for oral hearing
[] Other: _____

Subtotal (4) \$ _____

TOTAL AMOUNT OF PAYMENT \$500.00


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